

06/27/01
1064 U.S. PTO

06-29-01

A

Practitioner's Docket No. 6734-6

PATENT

Preliminary Classification:
Proposed Class:
Subclass:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

jc821 U.S. PTO
09/894351
06/27/01

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): William E. Meyers; Jerome A. Legerton

For (title): Contact Lens and Methods of Manufacture and Fitting Such Lenses and Computer Program Product

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10*

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37 C.F.R. Section 1.8(a)

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Date: June 27, 2001

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(New Application Transmittal--page 1 of 4)

1. Type of Application

This transmittal is for an original (nonprovisional) application.

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application

44 Page(s) of Specification

8 Page(s) of Claims

39 Sheet(s) of Drawing(s)--Informal

B. Other Papers Enclosed

1 Page(s) of abstract

3. Declaration or Oath

Enclosed.

Application is made by a person authorized under 37 C.F.R. Section 1.41(c) on behalf of all of the above-named inventors.

4. Inventorship Statement

The inventorship for all the claims in this application is the same.

5. Language

English

6. Assignment

An assignment of the invention to Paragon Vision is enclosed.

7. Fee Calculation (37 C.F.R. Section 1.16)

Regular Application

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$710.00
Total Claims (37 CFR 1.16(c))	44	- 20 =	24 x	\$18.00	\$432.00
Independent Claims (37 CFR 1.16(b))	12	- 3 =	9 x	\$80.00	\$720.00
Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			+	\$270.00	\$0.00
Filing Fee Calculation					\$1862.00

8. Fee Payment Being Made at This Time

Enclosed is a check in the amount of \$1862.00.

9. Authorization to Charge Additional Fees

The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Account No. 15-0450.

Filing Fee
Claims

10. Instructions as to Overpayment

Refund.

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